



KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT OFF-SITE HAZARDOUS WASTE TREATMENT FEES REPORTING FORM

(PLEASE TYPE AND COMPLETE BOTH SIDES)

I. SITE INFORMATION

Please provide the following information:

EPA I.D. NUMBER
COMPANY NAME
MAILING ADDRESS
CITY/ZIP
FACILITY CONTACT
TELEPHONE

II. REPORTING QUARTER

Please indicate the time period this report covers:

FIRST QUARTER (JAN.-MARCH)
SECOND QUARTER (APRIL-JUNE)
THIRD QUARTER (JULY-SEPT.)
FOURTH QUARTER (OCT.-DEC.)

[Due April 30]
[Due July 31]
[Due Oct. 31]
[Due Jan. 31]

III. FEE CALCULATION

Please complete all lines which are appropriate:

A. DIOXIN (carrying EPA hazardous waste numbers F020, F021, F022, F023, F026, F027 or F028)

GRAND TOTAL (TONS) X \$20.00 PER TON =

B. LESS THAN 5,000 BTU PER POUND

GRAND TOTAL (TONS) X \$10.00 PER TON =

C. 5,000 BTU PER POUND OR GREATER

GRAND TOTAL (TONS) X \$2.00 PER TON =

D. TOTAL FEE SUBMITTED

(Sum of amounts from III-A., III-B., AND III-C.)

IV. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete and that the calculation of the fees was done in accordance with the provisions of K.A.R. 28-31-10a.

NAME (print) _____ SIGNATURE _____

TITLE _____ DATE _____

OFF-SITE HAZARDOUS WASTE TREATMENT FEES REPORTING FORM

SUPPORTING INFORMATION

PLEASE COMPLETE THE FOLLOWING TABLE FOR ALL WASTES BEING TREATED DURING THIS REPORTING PERIOD. THE GRAND TOTALS RECORDED WILL SERVE AS THE BASIS FOR CALCULATING FEE AMOUNTS. YOU MAY COPY AND ADD ADDITIONAL PAGES IF NEEDED.

WASTE TYPE	ASSOCIATED WASTE CODES	TOTAL QUANTITY (TONS)
Dioxin		
Less than 5,000 BTU per pound		
5,000 BTU per pound and greater		

NOTE: YOU MAY BE REQUIRED TO SUBSTANTIATE YOUR QUANTITY CLAIMS.